

Criminal Case Cover Sheet

FILED: REDACTED

U.S. District Court**Place of Offense:**☐ Under Seal**Judge Assigned:**

City: Woodbridge

Superseding Indictment:

Criminal No.

County: Prince William

Same Defendant:

New Defendant:

Magistrate Judge Case No. 1:20-mj-353

Arraignment Date:

Search Warrant Case No. 1:20-sw-1788, 1789

R. 20/R. 40 From:

Defendant Information:**Defendant Name:** Abdulwahab Humayun

Alias(es):

☐ Juvenile FBI No.**Address:**

XXXX Sunny Brook Court, Woodbridge, VA 22192

Employment:

Birth Date: XX/XX/1998**SSN:** 2XXX-XX-6410**Sex:** Male

Race: White

Nationality: USA

Place of Birth: Alexandria, VA

Height: 5'11"

Weight: 170 lbs

Hair: Black

Eyes: Brown

Scars/Tattoos:

☐ **Interpreter** Language/Dialect: English

Auto Description:

Location/Status:**Arrest Date:**☐ Already in Federal Custody as of:

in:

☐ Already in State Custody☐ On Pretrial Release☐ Not in Custody☒ Arrest Warrant Requested☐ Fugitive☐ Summons Requested☐ Arrest Warrant Pending☐ Detention Sought☐ Bond**Defense Counsel Information:****Name:**☐ Court Appointed

Counsel Conflicts:

Address:

☐ Retained

Phone:

☐ Public Defender☐ Federal Public Conflicted Out**U.S. Attorney Information:****AUSA(s):** Danya E. Atiyeh**Phone:** 703-299-3824

Bar No.

81821

Complainant Agency - Address & Phone No. or Person & Title:**U.S.C. Citations:****Code/Section****Offense Charged****Count(s)****Capital/Felony/Misd./Petty**

Set 1:

18 U.S.C. s 1001(a)(1)

false statements

felony

Set 2:

Date:**AUSA Signature:**Digitally signed by DANYA ATIYEH
Date: 2020.12.14 10:14:55 -05'00'

may be continued on reverse

District Court Case Number (to be filled by deputy clerk):

<u>U.S.C. Citations:</u>	<u>Code/Section</u>	<u>Offense Charged</u>	<u>Count(s)</u>	<u>Capital/Felony/Misd./Petty</u>
Set 3:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Set 4:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Set 5:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Set 6:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Set 7:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Set 8:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Set 9:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Set 10:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Set 11:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Set 12:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Set 13:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Set 14:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Set 15:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Set 16:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Set 17:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Set 18:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Set 19:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Set 20:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Set 21:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Set 22:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Set 23:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Set 24:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Set 25:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Print Form

Reset Form